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7590

01/13/2004

Donald R. Holland
Harness, Dickey & Pierce, P.L.C.
Suite 400
7700 Bonhomme Avenue
Saint Louis, MO 63105

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Marian Christopher

(Depositor's name)

Marian Christopher

(Signature)

February 10, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,317	12/28/2001	Gregory M. Lanza	532512000312	4427

TITLE OF INVENTION: SITE SPECIFIC BINDING SYSTEM, IMAGING COMPOSITIONS AND METHODS.

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$665 \$1,330.00	\$300	\$965 \$1,630.00	04/13/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HARTLEY, MICHAEL G	1616	424-009300			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morrison & Foerster LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Barnes-Jewish Hospital

St. Louis, Missouri

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

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(Authorized Signature) *Kate H. Murashige* (Date) 2/10/04

Kate H. Murashige (Reg. No. 29,559)

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